

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Nokia Corporation Docket No. NC34977

Harrington & Smith, LLP Docket No.: 882.0008.U1(US)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Apparatus to Provide Charging for Ad-Hoc Service Provisioning Between Trusted Parties and Between Untrusted Parties

the specification of which
(check one) ☒ is attached hereto.

_____ was filed on _____ as Application Serial No.

_____ and/or that was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number) (Country) (Day/Mon/Year Filed) Yes No

I hereby claim the benefit under Title 35, United States Code, §119(e) of the United States provisional patent application(s) listed below:

(Application Serial No.)

(Filing Date)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and/or agents listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

NAMES

REGISTRATION NUMBERS

Brian T. Rivers	41,270
Steven Shaw	39,368
Wayne DeMello	48,601
Robert C. Rolnik	37,995
Thomas R. Weber	41,547

and all Attorneys and/or Agents listed under **Customer Number: 29683** including:

Mark Harrington	31,686
Harry Smith	32,493
Christine W. Beninati	37,967

SEND CORRESPONDENCE TO:

Customer Number: **29683**.

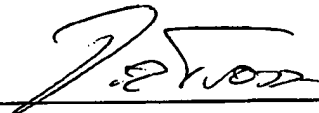
DIRECT TELEPHONE CALLS TO:

Harry F. Smith
Harrington & Smith, LLP
Telephone:(203)925-9400
Facsimile:(203)944-0245

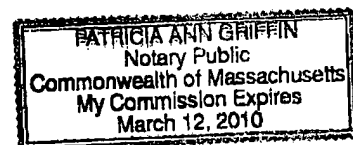
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME Trossen	FIRST NAME Dirk	MIDDLE NAME
RESIDENCE Cambridge	STATE OR COUNTRY Massachusetts, USA	CITIZENSHIP Germany	
POST OFFICE ADDRESS	P.O. ADDRESS 515 Putnam Avenue, Unit 5	CITY & COUNTRY Cambridge, MA 02139 USA	

Inventor's
Signature



Date 3-2-2004



*The foregoing document
was acknowledged before
me this 2nd day
of March, 2004
Patricia Ann Griffin*

